Effective October 1, 2003 10 75 6849												
		SMALL TYPE	•	OR	OTHER	R THAN ENTITY						
T	OTAL CLAIMS	3	10					RATE	FEE	7	RATE	FEE
F	OR .		NUMBER FILED		NUMBER EXTRA			BASIC F			BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	b minus 20=		•			XS 9=		1	Your	
INI	DEPENDENT C	LAIMS	? minus 3 =		• —					JOR	You	
м	JLTIPLE DEPE	NDENT CLAIM P	RESENT					X43=	 	OR	X86=	
<u>ب</u>	AL	-1			****			+145=		OR	+290=	
* [zero, enter "0" in column 2				TOTAL	285	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (C						(Caluma C)		SMAL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	1 /	(Column 1) CLAIMS		HIGH	ST	(Column 3)		RATE	ADDI-		RATE	ADDI-
	9/20/06	REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT			TIONAL FEE			TIONAL FEE
	Total	. 7	Minus	-2	<i>i</i>	= 0		X\$ 9=		OR	X\$18=	
	Independent	*)	Minus	PENIDENT	<u> </u>			X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDEN					CLANV			+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										_		
۶I		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER '	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
	Independent	<u> -</u>	Minus	Ante				X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
·								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)									•			
⋾ ⊦		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	*		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		.=	H	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		 	+145=	$\vdash \vdash \vdash$	OR		
11. •	* .If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL LODIT, FEE	
		ber Previously Paid					toun	d in the ap	propriate box	in cot	umn 1.	

Application or Docket Number